

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. 566083 FILING DATE 8/10/90
APPLICANT(S) _____

CLAIMS (Amended)					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1		1	
2	1	1		1	
3	1	1		1	
4	1	1	1	1	1
5	1	1	1	1	1
6	1	1	1	1	1
7	3	3		3	
8	1	1		1	
9	1	1		1	
10	1	1		1	
11	1	1		1	
12	1	1		cancel	
13	1	1	1	1	
14	1	1	1	1	1
15	1	1	1	1	
16	1	1	1	1	
17	1	1	1	1	
18	1	1	1	1	1
19	1	1	1	1	
20	1	1	1	1	1
21	1	1	1	1	1
22	1	1	1	1	1
23	1	1	1	1	1
24	1	1	1	1	1
25	1	1	1	1	
26	1	1	1	1	1
27	1	1	1	1	1
28	1	1	1	1	1
29	1	1	1	1	1
30	1	1	1	1	1
31	1	1	1	1	1
32	1	1	1	1	1
33	1	1	1	1	1
34	1	1	1	1	1
35	1	1	1	1	1
36	1	1	1	1	1
37	1	1	1	1	1
38	1	1	1	1	1
39	1	1	1	1	1
40	1	1	1	1	1
41	1	1	1	1	1
42	1	1	1	1	1
43	1	1	1	1	1
44	1	1	1	1	1
45	1	1	1	1	1
46	1	1	1	1	1
47	1	1	1	1	1
48	1	1	1	1	1
49	1	1	1	1	1
50	1	1	1	1	1
TOTAL IND.	9	14	19	13	
TOTAL DEP.	78	89	91		
TOTAL CLAIMS	87	103	104	104	

CLAIMS (Amended)					
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1	1		1	
52	1	1		1	
53	1	1		1	
54	1	1		1	
55	1	1		1	
56	1	1		1	
57	1	1		1	
58	1	1		1	
59	1	1		1	
60	1	1		1	
61	1	1		1	
62	1	1		1	
63	1	1		1	
64	1	1		1	
65	1	1		1	
66	1	1		1	
67	1	1		1	
68	1	1		1	
69	1	1		1	
70	1	1		1	
71	1	1		1	
72	1	1		1	
73	1	1		1	
74	1	1		1	
75	1	1		1	
76	1	1		1	
77	1	1		1	
78	1	1		1	
79	1	1		1	
80	1	1		1	
81	1	1		1	
82	1	1		1	
83	1	1		1	
84	1	1		1	
85	1	1		1	
86	1	1		1	
87	1	1		1	
88	1	1		1	
89	1	1		1	
90	1	1		1	
91	1	1		1	
92	1	1		1	
93	1	1		1	
94	1	1		1	
95	1	1		1	
96	1	1		1	
97	1	1		1	
98	1	1		1	
99	1	1		1	
100	1	1		1	
TOTAL IND.	5	15	86	106	
TOTAL DEP.	6	89	23	23	
TOTAL CLAIMS	11	104	109	129	